

**TOWN OF CAPE ELIZABETH
Planning Board
Workshop Application**

ApplicantName JOSEPH FRUSTACI _____

Email JOEFRU@YAHOO.COM Telephone 409-6755

Address 8 ROSEWOOD DRIVE CAPE ELIZABETH

Do you own the property? Yes No

If not, do you have written permission from the owner? Yes (please provide) No

Project Contact Person (one only):

Name APPLICANT Telephone _____

Address _____

Email _____

Location of Project 12 ROSEWOOD DRIVE Map/Lot U34/22-4

Project description: CREATE A NEW SINGLE FAMILY HOUSE LOT FROM AN EXISTING LOT

Signature of Owner _____

3/16/20
Date

Please return to the town planner, ACP Office, Town Hall
maureen.omeara@capeelizabeth.org, 799-0115